MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-024640

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3535 STATE FILE NUMBER

FILED JUL 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 1 YR 9 Mo 18 Da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: K.C. TUBERCULOSIS HOSP. Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 2620 E. 30 TH. Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY Inside Limits: Yes ☑ No ☐
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First TOM Middle Last THORNTON

4. DATE OF DEATH: Month 6 Day 23 Year 1963

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-5-1900

9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): ARKADELPHIA, ARK.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: TOM THORNTON

13b. MOTHER'S MAIDEN NAME: LAURA Unkn.

14. NAME OF HUSBAND OR WIFE: ADDIE THORNTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates)

16. SOCIAL SECURITY NO. 786

17. INFORMANT: Charles Reece Address: 3500 E. 25th St. Son

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PULMONARY TUBERCULOSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-5-1961 to 6-23-1963 and last saw ~~him~~ her alive on 6-23-1963
Death occurred at FOUR-TWENTY-FIVE - 4:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

21a. SIGNATURE: W. Buckingham (Degree or title)

22b. ADDRESS: Kansas City, Mo.

22c. DATE SIGNED: 6-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-27-63

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

23d. LOCATION (City, town, or county) (State): Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS: Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.: 6-24-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 45-00

P. O. Address 180 S Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.